# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET

| SERIAL NO. | | FILING DATE |
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| APPLICANT(S) | | |

**CLAIMS**

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | IND | DEP | IND | DEP | IND | DEP |
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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | SERIAL NO. | | FILING DATE |
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| | APPLICANT(S) | | |

CLAIMS

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| TOTAL DEP. | 156 ← | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← | |
| TOTAL CLAIMS | 157 | | | | | | TOTAL CLAIMS | | | | | | | |